

Application Guidance For Competing New Proposals

**INTEGRATED SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS
(CFDA #93.110F)
MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS (MCHIP)**

FISCAL YEAR 2001

MEDICAL HOME DEVELOPMENT GRANTS

SUMMER 2000

Application Due Date: 10-16-2000

**Integrated Services Branch
Division of Services for Children with Special Health Care Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
U.S. Public Health Service
Department of Health and Human Services**

**NOTE: THIS DOCUMENT IS NOT A COMPLETE APPLICATION KIT.
THE NECESSARY APPLICATION FORMS ARE ENCLOSED WITH THIS
DOCUMENT AS PART OF THE APPLICATION.**

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***SECTION ONE:* Program Background, Requirements, and Criteria**

1A. MATERNAL AND CHILD HEALTH BUREAU

BACKGROUND

The mission of the Maternal and Child Health Bureau (MCHB) is to improve the health and well-being of all mothers and children. To achieve its mission, the Bureau places the highest priority on integrating personal health care and public and private health services to establish a community system of comprehensive services which is family-centered, culturally competent and integrated with education, social services, mental health and family support programs.

With the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239 amended Title V of the Social Security Act to extend the authority and responsibility of MCHB to fully address the needs of all children. OBRA >89 redefines the mission of the State Programs for Child Health Services Block Grant as providing leadership in building and promoting a community-integrated system of services that is family-centered, comprehensive, coordinated and culturally competent.

This mission is also reflected in the agenda for *Healthy People 2010* which also addresses the goal of having service systems for children with special health care need (CSHCN). The purpose of this focus on systems development is to assure that children with special health care needs and their families have access to appropriate, adequate and timely services. The Bureau, through the Division of Services for Children with Special Health Care Needs, continues to carry forward its mission of assuring the health of children with special health care needs and their families. During the last decade, the Bureau implemented a national agenda that charted our nation's course toward establishing community systems of family-centered, comprehensive, coordinated care for children with special health care needs. Through this agenda, the Bureau provided leadership in the development and implementation of the medical home approach to care, promoted family/professional collaboration and partnerships, financing and managed care initiatives, and supported systems building efforts to coordinate and integrate services for CSHCN and their families at the community level. Recent initiatives have included the Healthy and Ready to Work Program (HRTW) that deals with transitions experienced by CSHCN as they develop and progress toward productive lives, and the Universal Newborn Hearing Screening Program, which promotes early identification of hearing loss. Through these many efforts, the Maternal and Child Health Bureau has significantly influenced the way services are provided to this population of children and their families.

1B: DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS (DSCSHN)

The Integrated Services Branch (ISB) is located in the Division of Services for Children with Special Healthcare Needs (DSCSHN) of the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA). This Division promotes the provision of coordinated integrated systems of care and support services for CSHCN and their families. The Integrated Services Branch of the Division has seven specific program areas that include:

- ! Medical Home Development**
- ! Managed Care and Financing**
- ! Universal Newborn Hearing Screening**
- ! Community Integrated Services**
- ! Family/Professional Partnerships**
- ! Cultural Competence**
- ! Healthy and Ready to Work**

This guidance is for the **Medical Home Development** grants for **Fiscal Year 2001**.

See **ATTACHMENT AA** to this guidance, for further description and background information on the **Medical Home Development Program**, including the specific **GOALS AND PURPOSE** of the program, and for the grants in this announcement.

Notice of Intent to Apply

If, after reviewing the program guidance and related materials in the application kit, you intend to submit an application, please see **ATTACHMENT AH** on how to transmit this intent to MCHB and the date by which such indication should be made.

1C: POLICY REQUIREMENTS

Healthy People 2010

- ! All grants under MCHB's programs further the agenda for *Healthy People 2010*, a PHS-led national activity for setting priority areas for all funded programs. Copies of the *Healthy People 2010* documents can be obtained through the Superintendent of Documents, Government Printing Office, Washington D.C. 20402-9325 (Telephone: (202) 512-1800).

Pro-Children Act of 1994

- ! The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-277, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Electronic Access

- ! Application guidance for MCHB programs are available on the MCHB Homepage via World Wide Web at: **<http://www.hrsa.gov/mchb>**. Click on the file format you desire either Wordperfect 6.1 and Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web, and need technical assistance, please contact Ms. Alisa Azarsa at (301) 443-8989 or on E-mail at **aazarsa@psc.gov**

Special Concerns

- ! HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsible to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically underrepresented groups is supported through programs and projects sponsored by the MCHB. This same special emphasis applies to improving service delivery to children with special health care needs.

1C: POLICY REQUIREMENTS (Cont=d)

Evaluation Protocol

- ! A maternal and child health discretionary grant project, including any project awarded as part of Medical Home Development program, is expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating the grant activities, the project goals, and evaluation measures. Wherever possible, the measurements of progress toward goals should focus on health outcome indicators, rather than on intermediate measures such as process or outputs. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities may not be funded.

Public Health System Reporting Requirements

- ! This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local officials to keep them apprised of proposed health services grant applications submitted by community based nongovernmental organizations within their jurisdictions.

Community based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- 1) A copy of the face page of the application (SF 424)
- 2) A summary of the project (PHSIS), not to exceed one page, which provides:
 - A) A description of the population to be served
 - B) A summary of the services to be provided.
 - C) A description of the coordination planned with the appropriate State and local health agencies.

NOTE: The project **abstract** may be used in lieu of the one-page PHSIS if the applicant is required to submit a PHSIS.

1D. STANDARD RATING CRITERIA FOR REVIEW

The following criteria are used to review and evaluate all grants and cooperative agreements under this grant announcement. Each of these criteria has been adapted specifically to this grant competition. For the **EXPANDED CRITERIA DEFINITIONS** for the **Medical Home Development** grants, see **ATTACHMENT AB** to this guidance.

The **Standard Rating Criteria** are:

1. The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs.
2. The extent to which the project is responsible to policy concerns applicable to MCH/CSHCN grants and to program objectives, requirements, priorities and/or review criteria (as expanded and defined) and as published in program announcements or guidance materials.
3. The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results.
4. The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.
5. The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.
6. The strength of the project's plans for evaluation.
7. The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health and prevention programs, and other related programs in the respective State(s).
8. The extent to which the application is responsible to the special concerns and program priorities specified in the notice.

SECTION TWO: Application and Review Process

2A: ELIGIBILITY TO APPLY

This competition is open to public or private organizations or health agencies that provide or arrange for primary and specialty health care for CSHCN. Current Medical Home grantees as well as State DSCSHCN Offices are eligible to apply for the **Medical Home Development** grants.

2B: PROJECT DESCRIPTION AND APPLICATION REQUEST PROCEDURES

Project periods for these grants will be for three years, starting March 31, 2001. Approximately \$888,371 will be available for up to six grants in this category in Fiscal Year 2001.

The application deadline date is October 16, 2000. Applications shall be considered as meeting the deadline if they are: (1) received on or before the deadline date; or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks shall not be acceptable as proof of timely mailing.) Late applications will be returned to the applicant.

Mailing Address

All applications should be mailed or delivered to:

HRSA Grants Application Center
Grants Management Officer, MCHB
CFDA #93.110F
1815 N. Fort Myer Drive
Suite 300
Arlington, Virginia 22209
Telephone: 1-877-477-2123

Grant applications sent to any address other than the above are subject to being returned.

Requesting An Application

The HRSA Grant Preview, Federal Register notices, and this application guidance are available on the World Wide Web via the Internet at:

<http://www.mchb.hrsa.gov/>

Click on the file format you want to download to your computer. It will be saved as either an Adobe Acrobat or WorkPerfect 6.1 file. To decompress the file once it is downloaded, type in the file name followed by a <return>. The file will expand to a WordPerfect 5.1 file. If you have difficulty accessing the MCHB Home Page via the Internet and need technical assistance, please contact the Information Technology Branch at (301) 443-8989 or **webmaster@psc.gov**

While the program guidance is available on the internet, the official grant application kit (Revised PHS form 5161-1) **must** be requested from the HRSA Grants Application Center. The Center may be contacted at:

TELEPHONE: 1- 877-477-2123 and E-mail at: **hrsagac@hrsa.gov**

Completed applications are mailed to the address listed on page 7. The HRSA Grants Application Center will send out confirmation of the receipt of the application.

2C: Application Assistance

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to the awarding of grants under this program by contacting:

Karen L. Etchison, M.S.
Program Analyst
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-8056
FAX: (301) 443-6686 E-mail: **ketchison@hrsa.gov**

Applicants may obtain additional information relating to technical and program issues concerning this application from Program Officers in the Division of Services for Children with Special Health Care Needs (DSCSHN) by contacting:

Tom Castonguay
Program Analyst
Parklawn Building, Room 18A-18
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-9290
FAX: (301) 443-0832 E-Mail: tcastonguay@hrsa.gov

Applicants applying for a Maternal and Child Health Improvement Project (MCHIP) grant, especially if it for the first time, are encouraged to request assistance in the development of their application. Additional assistance can be obtained from the regional Field Offices (See **Attachment AC**)

2D: Review Process

Grant applications will be reviewed by an Objective Review Committee (ORC), composed of Federal and non-Federal persons knowledgeable about assuring access to inclusive health care through a medical home, and the planning, development and implementation of systems of care for children with special health care needs. These reviewers are familiar with the related policy and program issues involved in the administration and management of such statewide service systems.

All applications under this announcement will reviewed by the ORC against the listed criteria for this program (See Attachment **AB**) and its recommendations forwarded to the Bureau.

SECTION THREE: Instructions for Completing the Application

3A: General Comments

Reviewers will use only the information presented in the application to assess your response to the Review Criteria and evaluate the grant application. It is essential that the application and responses to the Review Criteria are complete and easy to understand. It is important to address all of the listed criteria.

A clearly written and easy to read grant proposal should be the goal of every applicant since the outcome of the review process depends on information provided in the application narrative. Therefore, MCHB urges all applicants to review the application for the following:

- ! Correct grammar, spelling, punctuation and word usage.
- ! Consistency in Style. Refer to a good style manual such as *The Elements of Style* by Professors William Strunk, Jr. and E.B.White, *Words into Type, the Chicago Manual of Style*, or the Government Printing Offices= *A Manual of Style*.
- ! Consistency of reference (e.g., in this guidance the Maternal and Child Health Bureau is call the Maternal and Child Health Bureau or MCHB.)

3B: How to Organize the Application

Order of materials to be submitted (**UNBOUND**, fastened with a sturdy clip in upper left corner):

- ! Table of Contents for entire application with page numbers indicated
- ! SF-424 Application for Federal Assistance (Cover Page)
- ! Checklist included with PHS 5161-1
- ! SF-424A Budget Information for Non-Construction Programs
- ! Budget Justification
- ! Allocation Forms, Attachments **AE@** and **AF@**
- ! SF-424B, Federal Assurances and Certifications
- ! Project Abstract (see Attachment **AD@**) also submitted on diskette.
- ! Project Narrative
- ! Appendices (may include Attachment **AG@** bio formats)

Copies: Applicants are required to submit **one ink-signed original** of the complete application and **two copies**. Additionally, applicants are required to submit a diskette of the abstract **only**.

3C: HOW TO FORMAT THE APPLICATION

Required Parts of the Application (other than indicated Federal forms):

- 1. TABLE OF CONTENTS** - Use the Table of Contents of this Guidance as a formatting and style guide.
- 2. ABSTRACT** - The Project Abstract may not exceed **2** pages. Only single-spaced, one sided pages are acceptable (See **Attachment AD**)
- 3. PROJECT NARRATIVE** - The Project Narrative may not exceed **50** pages, doubled-spaced and one-sided only. This page limit **does not include** the Project Abstract (above) the Budget Justification or Appendices.
- 4. APPENDICES** - Appendices must not exceed **50** one-sided pages. Spacing will vary according to the nature of the appendix and it will include all supporting documentation such as (1) Curricula vitae; (2) job descriptions; (3) letters of agreement and support; (4) evaluation tools; and (5) protocols. ***Individual job descriptions and curricula vitae must not exceed two pages each.***

NARRATIVE BUDGET JUSTIFICATION - See page 16 of this guidance.

3D: STYLE FORMAT OF APPLICATION

TYPEFACE: Use any easily readable (serifed) typeface such as Times New Roman, Courier, or New Century Schoolbook.

TYPE SIZE: Use at least 10 point, 12 point is preferable. Type density must be no more than 15 characters per inch. No more than six lines of type must be in a vertical inch of a page. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above, ***but must be readily legible.***

PAGE NUMBERS: Beginning with the Table of Contents, consecutive Arabic numerals (beginning with 1) should appear centered at the bottom of each page, including pages that are in tabular or chart form. ***This pagination continues through all parts of the application ending with the last page of the appendices.*** Required Federal forms should also be

paginated as part of the application, they will not count against page limitations.

3D: STYLE FORMAT OF APPLICATION (Cont=d)

MARGINS: The initial left and all right margins should be 1 inch. The left margin may change when using indentation for subheadings. Top and bottom margins should be 1-1/2 inches each throughout the document.

TITLES: All major divisions of the application should begin with all capitals, in bold, and be centered, i.g., **PROJECT ABSTRACT, PROJECT NARRATIVE, APPENDICES, TABLES, ETC.**

SUBHEADINGS: Should begin at left, underlined, with further division then indented and identified by alternating, in consecutive order, arabic numbers and letters (See example below).

EXAMPLE OF APPLICATION FORMAT

PROJECT NARRATIVE

Background history of our State's progress in assuring Medical Home access to CSHCN

State Bill No. 560043 introduced and passed in 1994 provided:

1. That all children with special health care needs be provided the following:
 - A) Adequate health insurance
 - B) Quality and accessible health care which means:
 - (1) Access, 24 hours a day, 7 days a week
 - (2) Referrals to subspecialties in a timely fashion
 - (3) Coordination by a centralized system of care
 - (4) Centralized data for all patient records.
 - (a) including electronic single entry systems.

Since the passage of this bill, our State has seen steady progress toward the goal of Medical Home provision for all children with special health care needs, and indeed for all children at risk in our State.....

SECTION FOUR: CONTENT REQUIREMENTS FOR NARRATIVE PORTIONS OF APPLICATION

4A: THE ABSTRACT, A CONCISE OVERVIEW OF THE PROPOSED PROJECT

This document, which may be used in lieu of the one-page Public Health System Impact Statement (PHSIS) if the applicant is required to submit a PHSIS, is a **2** page description of the proposed project utilizing **the following outline** and providing the information requested in Attachment AD@ (Identifying Information). Applicant must include a 3-1/2" floppy diskette of the **ABSTRACT** *only* with the other hard copy application requirements. The **ABSTRACT** must describe the:

- 1 Organizational Setting** - identify the organizational name, project name, project director and provide a brief description of the entity responsible for the project.
- 2 Purpose** - Describe the primary purpose of the project, explaining what the overall project proposes to do.
- 3 Challenges** - Describe the issues that the project is designed to address and how they relate to the priorities of this announcement.
- 4 Goals and Objectives** - State the major goals and objectives for the entire project.
- 5 Methodology** - Briefly explain the project plan for achieving the goals and objectives.
- 6 Evaluation** - Describe the techniques being used to track project activities and to measure the achievement of project goals and objectives.
- 7 Text of Annotation** - Prepare a three to five sentence description of your project that identifies the purpose and challenges addressed, the goals and objectives of the project, the activities to attain these goals, and the materials to be developed.
- 8 Key Words** - Key words are the terms under which your project will be listed in the subject index of the MCHB Abstract of Active Projects (see below). Select the most significant terms that describe your project, including the population served.

The Summary of Project Narrative (e.g. Project **ABSTRACT**) will be published in the Maternal and Child Health Bureau's (MCHB) annual publication entitled ***Abstract of Active Projects***. This publication, which includes summaries of all MCHB funded projects, is updated annually and is an important mechanism for dissemination of information about MCHB funded projects. It is widely distributed to MCHB grantees, Title V programs, academic institutions, and governmental agencies.

4B: The NARRATIVE: Stating the proposal

The following outline should be adhered to as a guide for the development of the proposal **NARRATIVE**. This instruction supercedes the standard narrative guidance on pages 19-21 of the PHS 5161-1.

The **NARRATIVE** must describe the following:

1. The **Purpose** of the Project - in no more than two pages, briefly describe the overall purpose of the proposed project. The applicant should: (1) describe the challenges with supporting evidence that clearly reflects the magnitude of the task; (2) provide rationale and evidence supporting the proposed intervention/demonstration; (3) described the anticipated benefit in terms of the Program Purpose and Goals (see Attachment **AA**).
2. **Organizational Experience and Capacity** - Demonstrate evidence of organization experience and capability to coordinate and support planning, implementation and evaluation of a comprehensive plan to meet the project's objectives.
3. **Administration Structure** - Describe the administrative structure within which the project will function, including relationships with other community, State, regional or national entities, institutions or agencies relevant to the program. Charts outlining these relationships must be included. Copies of any formal agreements defining these relationships should be included in the *appendices*.
4. **Available Resources** - Include a brief description of the available resources (staff, funds, equipment, facilities, etc.) to carry out the project. Additionally, briefly describe the existing services and support available at the community, State, regional and/or national levels to support your project.
5. **Identification of the Target Population and Service Availability** - Describe the target population for proposed activities. Describe your current understanding of the needs and special challenges facing the target population of CSHCN and how the project will address these issues.

6. **Needs Assessment** - Describe prior and proposed needs assessment activities and existing data that: determine the need for the proposed activities; determine unmet needs, special challenges to be overcome; and identify current successful strategies to meet these identified needs, including identifying and using current existing community, State, regional and national resources, whether fiscal, programmatic or formal/informal leadership, to implement the project.
7. **Collaboration and Coordination** - Describe the proposed project's planned methods of collaboration and coordination with other relevant agencies, organizations, SPRANS grantees, key public and private providers (Child Care, HeadStart, Education Entities), family members, consumer groups, insurers, and other partnerships relevant to the proposed project.
8. **Goals and Objectives** - Identify project goals and objectives which are responsive to the priorities of this announcement and the needs of the targeted populations. Objectives should be specific, time-oriented, measurable, and respond to the identified challenges facing the proposed project. Describe the activities used to achieve each goal and objective, including the specific outcomes expected to result and how they will be measured.
9. **Required Resources** - Briefly describe the resources requested in the application, above those currently existing, and why they are necessary. Applicant must indicate that funds will be used only for activities described in the application and that required fiscal and accounting procedures will be followed.
10. **Project Methodology** - Describe, as appropriate, the methodology by which the project will be carried out. Include a description of the overall model for addressing goals, objectives, coordination of activities, etc. If applicant is not the State Title V CSHCN program, describe mechanisms to support that program's involvement in the project planning, implementation, and evaluation activities. Place the *Project Activities Time Allocation Table* (**Attachment AE**) and the *Personnel Allocation Chart* (**Attachment AF**) in the Methodology section of the **NARRATIVE**.
11. **Evaluation Plan** - Describe the plan to (1) evaluate the impact of the project, and (2) the plan to monitor and evaluate the efficiency and effectiveness of the proposed project activities. Evaluation methodology should be specific and related to the stated goals and objectives, and priorities of the project.

MCHB discretionary grants are required to incorporate a carefully designed and well- planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The measurement of progress should focus on systems, health and

performance indicators, rather than on intermediate process measures. A project lacking a complete and well-conceived evaluation protocol as part of the planned activities will not be funded.

4C: The BUDGET JUSTIFICATION

This application requires a separate narrative budget justification for each dollar amount listed in **Section B, line items a - j, of the 424A** grant application form. This narrative does not count against the page limits of the overall application, but should briefly describe and justify the listed project costs. Each category must be described and related to the stated project activities of the project narrative. For example, under **APersonnel**, all individuals being compensated for salary and/or fringe under Federal project dollars must be listed and their title and role briefly described, as demonstrated in the project overall narrative. Yearly salaries and fringe should be indicated, with the percentage being funded under this project clearly indicated. Under the category **ATravel**, costs should be broken down by participant, hotel costs, plane fares, etc. Applicant should include Travel costs for one trip for one or two individuals under this category for technical assistance and/or a national meeting in Washington, D.C.

If the applicant listed items under the **AOther** category, they **should not** be items more properly listed in another category, e.g. **AOther Travel**.

Since there is **no** Federal matching requirement for this program, all items listed in the budget categories should be those for which Federal funding is requested. In-Kind and other support for the project can be listed elsewhere in the application.

Indirect Costs

If indirect costs are requested, the applicant must submit a copy of the latest negotiated rate agreement. The indirect cost rate refers to the **AOther Sponsored Programs/Activities** rate and not the research rate.

4D: The APPENDICES

Appendices should be brief and supplemental in nature, and are not intended to be a continuation of the project narrative. Items usually listed in the appendices, include the following:

- ! **Rosters of Boards or Executive Committee Members** - Including identification of consumers or consumer representatives.
- ! **Copies of Written Cooperative Agreements** - Descriptions of relationships between the proposed project and affiliated departments, institutions, agencies, or individual

providers, family members or consumer advocacy groups, underlying and describing the responsibilities of each participant. Examples of such documentation include: letters of support, understanding, and memoranda of agreement.

! **Job Descriptions** - Descriptions of responsibilities for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other source. At a minimum list the following for each position:

- A) Supervisory and administrative responsibilities of the position and to whom they are directed.
- B) Functional duties, responsibilities, and overall relationship of the position within the organizational structure of the project.
- C) Minimum qualifications for the position: education, training, and experience needed to perform project tasks.

NOTE: Job Descriptions must not exceed **2** pages in length.

! **Curriculum Vitae** - Include vitae for each incumbent in a position for which a job description is submitted. Each curriculum vitae must not exceed **2** pages in length. A **Biographical Sketch** included in **Attachment AD®** may be used for this purpose.

SECTION FIVE: ATTACHMENTS TO THIS GUIDANCE AND THEIR USE

Instructional Attachments:

- Attachment AA®-** Lists the program background and the specific goals and purposes of this program announcement.
- Attachment AB®-** Lists the expanded definitions for all of the standard criteria, against which all applications under this announcement will be judged.
- Attachment AC®-** Lists the MCHB Regional Office Program Consultants and Contacts

Attachments To Be Submitted With The Application:

- Attachment AD®-** Required ABSTRACT *Project Identification Information* (precedes narrative portion of the ABSTRACT)
- Attachment AE®-** *Personnel Allocation Chart* (Self- explanatory, lists working days by personnel on each listed project objective)
- Attachment AF®-** *Project Activities Time Allocation Chart* (lists timeframes and evaluation methods for each project objective)
- Attachment AG®-** Sample *Biographical Sketch* Format (2 pages)

*Attachment To Be Submitted **In Advance** Of The Application:*

- Attachment AH®-** *Letter of Intent* (intent to submit an application can be transmitted to MCHB in the three ways listed)

ATTACHMENT A: MEDICAL HOME DEVELOPMENT

PROGRAM BACKGROUND

(FOR: Medical Home Development Grants for FY 2000)

The Medical Home

As a natural outgrowth of the recent move to family-centered care, the concept of a *medical home*, particularly for children with special health care needs, has gained both acceptance and support. A medical home is the collaborative effort between primary care providers and children with special health care needs and their families to ensure that care is *Accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent* (AAP, in *Pediatrics*, July 1992).

In partnership with the American Academy of Pediatrics (AAP), the Maternal and Child Health Bureau's (MCHB) Medical Home program has developed a national curriculum, written jointly by families and physicians, and has developed a variety of training and technical assistance activities to assure medical home provision for all children is being implemented.

The medical home is one of the core outcomes listed in HRSA's ten-year action plan which is currently being developed in conjunction with the *Healthy People 2010* initiative. It is intended to assure that all children with special health care needs will receive ongoing comprehensive care within a medical home by the year 2010, if not sooner. While there have been some successful efforts, relatively few children with special health care needs currently have access to all of the core elements of a medical home.

The need for a medical home approach has been identified both by families and health care providers. Comprehensive services, provided through a coordinated medical home is the key to improving services and the quality of life for children with special health care needs and their families. This necessitates building new partnerships and implementing practical changes in physicians' offices, to include procedures, management, coordination, staffing and staff training.

In partnership with the Title V State Programs, the Medical Home program provides national technical assistance and training through its cooperative agreements, in particular with the AAP.

Training is provided to child health care professionals, children and their families, and community based organizations and health insurance providers.

The fifteen current active Medical Home grant projects demonstrate models that are reflective, not only of their specific geographic identities and demographics, but of the complexities of providing medical homes under existing systems of care on a State by State, region by region basis.

Attachment A (Cont=d)

PURPOSE AND GOAL

(FOR: Medical Home Development Grants for FY 2000)

Purpose

The purpose of this competition is to promote the availability and accessibility of medical homes for children with special health care needs and their families on a statewide basis. Funded projects will support collaborative efforts that establish and expand access to comprehensive quality primary and specialty care and supportive services through medical homes under statewide partnerships with health, mental health, child care, education, social services, community health care providers and managed care organizations. Funded projects will work in collaboration with previously funded grantees and with the AAP on technical assistance needs.

Goal

The goal of this program is that all children with, or at risk of, special health care needs will have access to comprehensive quality primary and specialty care through a medical home on a statewide basis. In order to receive funding, the application must be responsive to the expanded criteria (Attachment B) for this competition under the Medical Home program.

ATTACHMENT B: APPLICATION CRITERIA

EXPANDED CRITERIA DEFINITIONS

(FOR: Medical Home Development Grants for FY 2000)

Standard Criteria

1. *The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement to the health of children with special health care needs.*

Expanded Definition For Medical Home Development Grants:

The application will be reviewed under this criterion specifically on its plan to increase and refine service provision on a statewide level for Children with Special Health Care Needs (CSHCN) within the context of a medical home. The practicality and replicability of the project design as well as its ability to incorporate all of the core elements of the medical home for CSHCN will be evaluated. The level of detail, which the applicant provides in the project plan, particularly in the area of service coordination and service delivery at the community level, will be critically evaluated under this criteria.

2. *The extent to which the project is responsible to policy concerns applicable to MCH/CSHCN grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically on whether the projected project reflects a clear understanding of the medical home concept, characteristics, core elements and in particular whether it is statewide in concept, incorporating all needed demographic and geographic populations and their individual needs. The application should

Attachment B (Cont=d)

address the issues of accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent care specific to their state characteristics, including rural versus urban sites, medically underserved areas, etc. The applicant must also, under this criteria, be responsive to any additional program priorities or criteria indicated in any subsequent revised guidance or program announcements under this program that are included in the application kit. for this program.

3. *The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically on the clarity, completeness and reasonableness of the budget materials submitted. Additionally, the budget will be compared to the projected workplan to see if adequate narrative justification for the listed items has been presented in the budget narrative, or in the project workplan. The budget materials will also be checked for nonallowable costs or inappropriate expenses unrelated to the specific project goals.

The overall budget will also be considered in regard to its appropriateness to published program announcements. Instead of a single category and amount, e.g., Travel at \$5,000, the components that comprise that total should be indicated, i.e., Four trips to AX@location at \$1,250 each.

Similarly, supplies or materials should be identified and described in unit cost format.

4. *The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically on the experience and appropriateness of the listed personnel to perform the proposed project activities. The applicant should have clearly indicated where personnel listed in the application are utilized in the workplan and their specific tasks. Where contracting is appropriate under the workplan, the name of the contracting entity, if available, and the entity's credentials for performing the listed tasks should be indicated. The individual titles of personnel should also be listed in the workplan, e.g., where graduate students are doing data entry rather than an R.N., etc. There should be position descriptions enclosed for all primary personnel listed on the project, highlighting their experience

Attachment B (Cont=d)

in the provision of, or coordination of, services under a medical home. The applicant should also document their organization's qualifications for doing the projected project, including facilities and needed resources necessary to the project but not being requested in the application.

5. *The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically for the practicality and viability of the proposed workplan including timeframes and proposed workproducts. Additionally, since these grants will be for statewide implementation, the mechanisms through which this will occur must be clearly detailed, and the populations served clearly identified.

6. *The strength of the project's plans for evaluation.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically for the ability of the described evaluation plan to clearly measure the goals and objectives and workproducts of the listed project. The evaluation plan must provide outcome based measurements, clearly linked to the extent to which medical homes are available throughout the State. These measurements should reflect the previously described target populations to be served. Evaluation measures should be geared to the core elements of the medical home, and able to measure full or partial delivery of these elements.

7. *The extent to which the project will be integrated with the administration of the Maternal and Child Health Services block grants, State primary care plans, public health, and prevention programs, and other related programs in the respective State.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically for evidence of partnerships with existing medical home providers and provider organizations, including existing State programs. The workplan activities should complement these existing programs and not compete

Attachment B (Cont=d)

with, or duplicate them. Evidence of the applicant's ability under this project to coordinate with these important entities should be included in the application.

8. *The extent to which the application is responsive to the special concerns and program priorities specified in the notice.*

Expanded Definition for Medical Home Development Grants:

The application will be reviewed under this criterion specifically on how well the overall application responds to the specific program concerns and priorities as listed in program announcements and guidances. This response should reflect a clear understanding on the part of the applicant of the purpose of this program and how the project as described will contribute to that purpose. All parts of the application should reflect this understanding and clearly indicate how their accomplishment will further statewide medical home provision.

Attachment AC@
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ATTACHMENT D

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MATERNAL AND CHILD HEALTH IMPROVEMENT PROJECTS ABSTRACT

Project Title

Project Number

Project Director _____ Phone ()

Organization Name

Address

Contact Person _____ Phone ()
Fax ()

E-mail/World Wide Web Address:

Project Period: 3 Years

From: 3/31/01 to 3/30/04

ABSTRACT

ATTACHMENT D

Page 2 of 2

MCHIP Abstract (con't)

State: _____

OBJECTIVES, GOALS	STAFF BY TITLE			CONSULTANTS	
	P.DIRECTOR				
	No. of Workdays	No. of Workdays	No. of Workdays	No. of Workdays	No. of Workdays
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					
Project Activity:					

Attachment "F"

PROJECT ACTIVITIES TIME ALLOCATION TABLE

Project Title:

Project Director:

Budget Period: 3/31/01 - 3/30/02

OBJECTIVES, GOALS	START DATE	COMPLETION DATE	MONITORING AND EVALUATION METHODOLOGY
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			
Project Activity:			

Biographical Sketch

Give the following information for all professional personnel contributing to the project beginning with the Project Director.
(DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

ie (Last, first, middle initial)	Title	Birth Date (Mo. Day Yr.)
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cation (begin with baccalaureate or other initial professional education and include postdoctoral training)			
Institution and Location	Degree	Year Completed	Field of Study

NORS

FOR PROFESSIONAL INTEREST(S)

RESEARCH AND PROFESSIONAL EXPERIENCE List in reverse chronological order previous employment and experience. List in reverse chronological or most representative publications.)

Continuation Page for Biographical Sketch

Name (Last, first, middle initial)	Social Security Number
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